OUTLOOK *for the* BLIND

and THE TEACHERS FORUM

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OUTLOOK *for the* BLIND

and THE TEACHERS FORUM

VOL. 40 OCTOBER, 1946 NO. 8

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WHAT'S IN A GRADE?

SAMUEL P. HAYES, PH.D.

ANY EXPERIENCED TEACHER in a residential school for the blind might facetiously answer this question by saying, "What's in a grade is what the principal puts there, and you may find anything!" This article is an attempt to show to the new teacher what she may expect to find, and to help her to accept calmly a burden which might well cause a nightmare for one not forewarned.

What's in a grade of seeing children?

In a well-graded school one expects to find grouped in the fifth grade, for instance, from 30 to 35 children who are about 10 years old and about the same size, with about the same general intelligence and about the same amount of previous schooling. They should, therefore, be capable of handling with fair success the textbooks written for their grade level. Of course there will be individuals who are older or younger than the average, taller or shorter, fatter or slimmer, brighter or duller; some who have repeated a grade, and some who have skipped one. And there may be some children who have been handicapped by absences due to sickness, or family removal from another city, as well as some who are defective in sight, hearing, or muscular coordination. But, on the whole, extensive test surveys show that the average status and attainment are definite enough so that the grade may be used as a unit in educational research. The publishers of the Stanford Achievement Tests, for instance, give age and grade norms based upon the actual scores of more than 50,000 children in widely separated American cities, from 3 to 8000 in each grade from the second to the ninth. We can thus know just about what may reasonably be expected of any grade in each of the ten school subjects covered by the Stanford Achievement battery,

Dr. Hayes, who has just completed his fifth year as head of the Harvard-Perkins Teacher-Training Department, tries to picture for the new teacher the interesting and varied group of pupils she is likely to find in her first grade in a residential school for the blind.

and study individual variations above and below the norm. On the basis of such norms, a grade becomes a definite milestone on the educational journey which ends at graduation.

What's in a grade in a school for the blind?

1. A small number of pupils. In a residential school for the blind, no such picture meets the eye. Perhaps the first surprise for the new teacher is the small number in each grade. Educators of the blind are, of course, happy to admit that there is no such steady flow of blind pupils as there is of seeing children, but, as a result, there may not be in a large school enough pupils to form a whole series of grades with even 10 pupils in each, while in the smaller schools, some grades may be entirely lacking. With a teacher shortage, or a financial stringency, it may have seemed best to promote the brighter children to the grade above, while giving the dull ones a chance to repeat the work of the grade below. Some schools which formerly had separate classes for boys and girls have met the situation by teaching them together. As an indication of the number of pupils one may expect to find in a grade in schools for the blind, we are printing Table I, which shows just how many pupils in each grade took the reading test in connection with Niday's (6) survey of 40 residential schools in 1938. We have picked out ten relatively small schools, each of which reported less than 50 pupils tested in grades three to twelve inclusive, to show the distribution of pupils in smaller schools, for comparison, and to emphasize the unequal numbers often found in adjoining grades even where pupils are numerous. Some of the grades probably had a few more pupils than those reported in this table, as Niday gives only the number actually tested, and there were doubtless many pupils who, because of late entrance into a school for the blind, had not mastered braille sufficiently to take tests in finger reading. Some of those not reported would probably be in the first and second grades. The total enrollment for January 1, 1945, is also given in the table to show the size of each school.

2. Over-ageness or age-grade retardation. A second point of interest for the new teacher is the over-ageness or age-grade retardation regularly found in schools for the blind, which ranges from ½ year to 5½ years. This is the result of several factors. Owing to the igno-

TABLE I. NUMBERS OF PUPILS IN GRADES IN RESIDENTIAL SCHOOLS FOR THE BLIND FROM NIDAY'S SURVEY IN 1938

	GRADES										Enrollment
	3	4	5	6	7	8	9	10	11	12	Totals Jan. 1, 1945
(Relatively small schools reporting less than 50 pupils)											
Colorado	6	6	3	2	5	3	2	1	4	..	32	42
Connecticut	3	6	2	7	7	4	..	7	5	5	46	54
Florida	4	4	5	4	2	2	5	4	5	2	37	67
Idaho	..	4	..	..	7	..	..	..	11	..	22	20
Nebraska	3	7	..	..	6	..	6	5	1	3	31	43
N. Dakota	6	5	..	5	..	3	4	..	..	3	26	31
S. Carolina	6	3	7	5	8	9	4	2	3	..	47	53
S. Dakota	5	4	3	7	..	3	5	..	..	4	31	28
Utah	..	6	..	1	..	3	..	2	1	..	16	35
Washington	6	5	8	5	5	2	6	4	7	3	51	62
(Large eastern schools)											
N. Y. Institute	15	10	11	10	12	21	15	5	15	..	114	190
Pa. I. I. Blind	18	21	20	13	14	15	11	12	13	5	142	225
Perkins Institution	7	8	7	18	6	12	5	14	13	..	108	241

rance, indifference, or oversolicitude of parents, many blind children are not sent to school at the same early ages as their seeing brothers and sisters. Other children with severe visual defects enter residential schools for the blind only after repeated failure in schools for the seeing. Still other children lose their vision from accident or disease, and so are late in beginning education through the fingers. A study just completed of the present population of Perkins Institution gives a picture which may be taken as representative of many residential schools for the blind. This study shows that only 63 per cent of the present enrollment enters Perkins before 9 years of age, the numbers being equally distributed through the age groups from 5 to 8. Of the remaining 37 per cent, from 4 to 8 per cent entered at each age from 9 to 13 and from 1 to 2 per cent entered at each age from 14 to 17. Delay in entering school thus becomes a primary cause of age-grade retardation.

Even those who enter at an early age have great difficulty in covering the material planned for seeing children, for braille reading is only about one third as fast as reading with the eyes, even for experienced readers, while those who enter late are doubly handicapped. This slows up the whole educational process, though some relief is obtained through the use of the Talking Book, especially for supplementary reading in literature and the social studies. Under the circumstances, teachers of the blind are to be congratulated that, grade for grade, blind children measure up to the norms for seeing children in such tests as the Stanford Achievement series. A report by the writer (3) giving the results for 600 pupils in 9 schools, shows the blind practically on a level with the seeing in nine of the ten tests used. Table II gives a picture of the amount of age-grade retardation reported for 40 residential schools by Niday (6) in 1938, for 12 large schools by Lowenfeld (4) in 1940, and for Perkins Institution in 1946. Niday prints

TABLE II. AGE-GRADE RETARDATION IN SCHOOLS FOR THE BLIND

GRADES	3	4	5	6	7	8	9	Totals
NIDAY STUDY IN 1938 40 SCHOOLS								
Number of pupils	265	301	319	262	295	274	250	2538
Range of ages	8–20	9–26	9–24	11–26	12–33	12–28	13–29	
Median age in years and months	11:4	12:8	13:8	14:6	15:6	16:8	17:6	
Retardation in years and months	2:10	3:2	3:2	3:	3:	3:2	3:	
LOWENFELD STUDY IN 1940 12 SCHOOLS								
Number of pupils	122	138		109	112			481
Mean age in years and months	11:4	12:5		14:9	15:7			
Retardation in years and months	2:5	2:5		2:9	2:8			
PERKINS INSTITUTION 1946								
Number of pupils		19	15	13	13	14	17	91
Range of ages		9–13	10–13	11–14	12–18	13–19	15–18	
Mean age in years and months		11:1	11:9	13:2	15:2	15:10	16:8	
Seeing norms		9:6	10:6	11:6	12:6	13:6	14:6	
Retardation in years and months		1:7	1:3	1:8	2:8	2:4	2:2	

the data separately for each school, reporting as much as 5½ years retardation in 6 grades in different schools, while in 10 grades, only six months' retardation is shown. For the whole 308 grades for which he gives figures, the median retardation was 2½ years. A summary of his data follows:

Amount of age-grade retardation	Number of grades showing each amount of retardation
½ yr	10
1	10
1½	61
2	20
2½	78
3	20
3½	62
4	9
4½	28
5	4
5½	6
Total	308

Certain comments upon Table II seem advisable. In the data taken from Niday's extensive survey, the new teacher may be puzzled at the wide range of ages and the very high ages reported, especially for the lower grades. Of course the policy of admission and retention of students varies widely from school to school, but, in general, the schools tend to be quite lenient and to take on trial, and then keep for years, many pupils who would have no other chance at an education. In a well-graded school, these pupils are classed as "specials" until they show ability to learn braille and enter a regular grade. Those who cannot learn braille, or fail so sompletely on an individual intelligence test that there is little likelihood of their being able to do the work of the regular school subjects, are either dismissed from the school or retained as "industrial specials," putting most of their time on manual work.

A certain number of the schools listed by Niday have made little use, either of intelligence or, of achievement tests; and many of these older children in the lower grades are probably "specials" who have been kept in the grades, making little progress from year to year. It is a pity he does not give mean, instead of median age, for even a few of these extreme ages might greatly increase the mean, while having little effect upon the median. It will be noted that Lowenfeld's mean ages are quite similar to Niday's median ages, though the age-grade retardation is somewhat lower in the grades reported by Lowenfeld. A still more marked contrast appears in the figures for Perkins. Here the mean ages and the age-grade retardation are markedly lower than in the other two studies. Perkins has been giving individual intelligence tests regularly for 30 years, and the Stanford Achievement tests for 12 years. Every effort is made to assemble in a grade those of similar ability, and "specials" are not counted in calculating grade averages from group tests. As a result, the range of ages in each grade is much more limited than the figures Niday gives, being limited to from 4 to 6 years. In grade six, for example, Niday reports a range of 15 years, the oldest pupil being 26 while the youngest is 11; in the same Perkins grade, we find a range of only 3 years, the oldest being 14 while the youngest is 11.

3. Inequality of previous schooling. In any grade of seeing pupils, one finds a considerable equality of previous school and life experience. As a result of the state compulsory education law, reinforced by the desire on the part of the mothers to pass on to the teachers a part of their family burden (which they like to think the teachers may perform better than they could themselves), seeing children are likely to enter the first grade at 6 years of age, and a large proportion of them move upward pretty regularly one grade a year. So, on the average, a fifth grade child, for instance, has had 4 years' experience with school subjects, and has picked up all sorts of incidental information from the environment in which he has grown up. Blind children tend to lack both regular school experience, and education in the school of life, and the new teacher must be prepared to make up for the deficiency. In some states, the compulsory education laws do

not apply to blind children; in most states, they are not rigorously enforced with respect to the handicapped; so our children may enter school at any age when circumstances happen to be favorable, as when a social worker or other informed person learns about a blind child and convinces his parents that he can and should be sent to a special school. Through neglect or oversolicitude on the part of parents, or lack of co-operation on the part of playmates, many a blind child is denied a chance to learn about the world of people and things. When he gets to school, he may not be ready for reading or arithmetic, nor awake to the value of history or geography at the accustomed age. In any grade, his lack of practice may appear in inefficient use of braille in reading or writing, or clumsiness in dealing with numbers, either mentally or with a mechanical device like the arithmetic slate. This influence of experience was illustrated in an early study of the reading of the blind by Hayes (1) where the curve of reading rate showed a much more regular upward trend when charted by years of experience than when based upon chronological age, mental age, or intelligence quotient.

4. Wide variations in visual loss. In an up-to-date city school system, one expects to find in the regular grades only children with normal vision, or with minor defects corrected with glasses; children with serious loss of vision are assigned to a special sight-saving class for all work involving the eyes. They go to the regular grades only for oral and group work. In a school for the blind, even a small grade may include children with widely different degrees of visual defect, ranging from the totally blind through light perception and useful vision (the ability to see at 20 feet what a normal eye would see at 200 feet). In localities where there are too few children with defective vision to justify the establishment of sight-saving classes in the public schools, it has long been the custom to send such children to the nearest school for the blind, and one school has actually changed its name to "Braille and Sight-saving School" to give a better characterization of the student body. In any residential school, the new teacher may then expect wide differences in amount of vision, with widely different behavior. Children with some vision will be found very convenient for running errands or guiding those without vision on class trips or on the playground; and they are more handy in the schoolroom. But the teacher may find them actively resisting her attempts to get them to read braille, even when failing vision may indicate their ultimate need for finger reading, and one of the main causes of friction may be her insistence that they shall not read braille with their eyes—if that is the policy of the school. In any case, the teacher should know how much vision each child has, the nature and probable cause of the defect, and whether the school ophthalmologist wishes the child to use, or to save, what vision he still possesses.

5. Inferior physical condition. Merry (5) writes: "It is conceded generally among experienced educators of those without sight that blind children are inferior to the seeing in physical vigor. Among the principal reasons for this are: (1) faulty preschool training; (2) the fact that lack of vision tends to curtail physical activity; and (3) additional defects or weaknesses resulting from the illness, accident, or congenital condition causing blindness. . . Parents of blind children frequently refuse to allow them to participate in normal physical activity through fear that they may be injured. They are not permitted to play with other children or to engage in any form of bodily exercise, but are encouraged to sit idly for long hours at a time. This inactivity naturally prevents normal physical development and results in low vitality and physical stamina. . . Since lack of vision undoubtedly restricts spontaneous bodily activity, it is natural that blind children should develop sedentary habits unless systematic physical

training is provided. At home and in school, blind children need constantly to be encouraged to engage in occupations and pastimes involving physical exercise. Unless this is done, the majority of these children will spend their leisure time in reading, playing games requiring no bodily exercise, or in 'just sitting.' Such conditions not only prevent normal physical growth, but also frequently result in the development of undesirable habits, tics, and mannerisms, . . . It happens frequently that illnesses and pathological conditions, e.g., infantile paralysis, meningitis, and brain tumor which cause blindness, also result in general physical weakness or defects, such as paralysis, deafness, etc. Accidents resulting in loss of vision, likewise, may produce other defects, such as injury to fingers or limbs."

While no reliable statistics seem available, the new teacher may well be forewarned of the frequency of such conditions and attitudes among her pupils and do what she can to improve them. The more progressive residential schools with active health departments make every effort to give the pupils all the help that medical skill can offer, correcting muscular defects through physiotherapy, and developing interest and efficiency in bodily mechanics through physical education and the activities of camping and scouting. In Perkins Institution, for instance, a threefold medical program is begun in the fall with each new pupil and carried through with all pupils year after year. Examinations of teeth and eyes are followed by immunizations, vitamins, and the ultraviolet-ray lamp, special diets at the school, and visits to the Massachusetts General Hospital for minor operations and continued treatments as needed. In the annual report, tables are presented giving details from dentist, ophthalmologist, and physician. Considerable medical attention is needed for the treatment of blind children with some second physical handicap. In Perkins, at present, there are 11 children with cardiac difficulties, 8 of whom are allowed only restricted activity; 10 children with some tendency to epilepsy, which is, however, pretty well under control; 16 pupils who are more or less crippled as a result of infantile paralysis, arthritis, birth injury, or syphilis; 3 with gland disorders; and 2 with kidney limitations. Perkins has a separate department for deaf-blind pupils, of whom there are 10 this year; and there are 11 other pupils with sufficient hearing loss so that some special provision must be made for them in classroom work. Speech difficulties are very common among blind children. In a survey of three large Eastern residential schools by Dr. Sara Stinchfield-Hawk (7), twenty years ago, so many children with speech defects were discovered that corrective work was soon begun in all three schools. Dr. Hawk recommended that treatment be given to approximately half the pupils then enrolled in Perkins! At present 62 children are receiving special training at the hands of two speech instructors.

A study of heights and weights of the present school population at Perkins, just completed by the writer, shows (1) that while there are individual illustrations of all the physical deficiencies mentioned by Merry above, these children when entering Perkins were not, on the average, inferior to the published norms for seeing children, either in height or in weight; (2) that both the boys and the girls now in attendance measure at, or above, seeing standards in *height*, and definitely above these standards in *weight*, in most of the age groups of the growing period from 6 to 14 years of age. In the later-year groups, there is a preponderence of tall and heavy boys, balanced by about an equal number of short and light girls. At age 15, the boys measure above the norms both in height and in weight, while the girls are below in height and at norm in weight. All the students above 17 were grouped together, as the seeing norms which were used for comparison do not extend above age 17. The 28 boys above 17 years of age have a median

height of 68.5 inches (seeing norm for 16.11 being 67.9) and a median weight of 144 pounds (seeing norm for 16:11 being 130). The 28 girls have a median height of 60.5 inches (seeing norm for 16:6 being 63.8) and a median weight of 115 pounds (seeing norm for 16:11 being 124). (3) A third result of the study is the discovery that *increase in height* while living at Perkins occurs at just about the normal rate, while both boys and girls show an *increase* in *weight* which is distinctly above expectations based on seeing norms. Perkins pupils are certainly not puny. The facts presented under (2) and (3), above, and in Tables III and IV, below, may be interpreted as a triumph of the health and diet programs at Perkins.

In Table III it should be noted that every age group of boys, except year 9, was superior to the seeing norms, ranging from 1.6 pounds above norm at age 8, to 17.7 pounds at age 13. The *average* weight would have been still higher, as there were 2 big boys at age 13, weighing 165 and 147 pounds, respectively, while there were no very small ones. Median ages were calculated at all ages in preference to averages, as the extreme cases have less influence upon the median when small numbers

TABLE III. MEDIAN WEIGHTS IN POUNDS OF PUPILS ENROLLED IN PERKINS DECEMBER 1945 AND MARCH 1946

	Age Groups												
	6	7	8	9	10	11	12	13	14	15	16	17	Above 17
Boys' weights at Perkins	47	55	56	60	71	75	90	106	106	120	126	136	144
Olsen seeing norms	42.9	50.4	54.4	60.6	65.9	71.9	78.3	88.3	98.1	110	121.2	130	
Superiority of blind	4.1	4.6	1.6	−.6	5.1	3.1	11.7	17.7	7.9	10.	4.8	6.	
Girls' weights at Perkins	42	53	56	58.5	71	86	89	85	110	119	111	121	115
Olsen seeing norms	40.3	50.2	53.8	61.2	69.2	75.8	83.7	96.3	106	118	123	124	
Superiority of blind	1.7	2.8	2.2	−2.7	1.8	10.2	5.3	−11.3	4.	1.	−12.	−3.	
All blind weights	44.5	54	56	59	71	76	90	100	110	120	125	125	122
No. of cases	10	15	12	19	12	18	23	15	17	12	20	28	56

TABLE IV. HEIGHTS AND WEIGHTS OF PERKINS PUPILS IN THE MIDDLE GRADES

	GRADES	5	6	7	8
HEIGHTS					
Number of pupils		15	13	13	10
Range of heights		59½–53	65–56	67–54	71–57
Median height		57½	59½	63½	62
Median age		11:9	13:3	15:	15:4
Seeing norms	Boys	56.5	60.1	64.3	65.1
	Girls	57	60.3	63.1	63.3
WEIGHTS					
Range of weights		127–73	165–78	151–66	166–95
Median weight		90	94	121	113½
Seeing norms	Boys	76.7	90.7	110	113.6
	Girls	81.7	98.7	118	120

are involved. With the girls, the superiority in weight is not so marked, there being four age groups out of the 12 in which their medians fell below the seeing norms. At age 13, the median does not give an accurate picture, as 2 of the 5 girls were well above average, weighing 116 and 108 respectively. The 16-year-old girls, and most of those above 17, are small, the 28 above 17 having a median height of 60.5 inches and weighing 115 pounds. The superiority in weight of the 6- and 7-year-olds is matched by a similar superiority in height; and the group entering at 5 years show a similar superiority. The distribution shows some very small and light pupils—a 5-year-old, 38 inches high, weighing 32 pounds; a 6-year-old, 43 inches high, weighing 32 pounds; a 7-year-old, 41 inches high, weighing 21 pounds; but we find such cases regularly cancelled by a 5-year-old, 46½ inches high, weighing 46 pounds; a 6-year-old, 50¾ inches high, weighing 72 pounds; a 7-year-old, 49 inches high, weighing 75 pounds.

The new teacher may also expect to find a wide range of heights and weights within a grade, with no preponderance of small and light children. Table IV gives the data for the 4 middle grades at Perkins, grades five and six in the Lower School, and grades seven and eight in the Upper School. For comparison, the Olsen average ages for seeing boys and girls of the same chronological ages have been included in the Table.

In this Table, the teacher will be interested to note, that while median heights and weights are pretty close to the norms for the seeing, there is a very wide range of sizes in all 4 grades. In the fifth grade, for instance, weights range well above the norms for the eighth grade group; and, in the other grades, there are children of adult weight. In contrast, we have a pupil in the seventh grade weighing only 66 pounds. In heights, the smallest pupils do not vary much from grade to grade, while we have one pupil measuring 5 feet 5 inches in the sixth grade, and one who is nearly 6 feet tall in the eighth grade. The teacher may, then, expect tall and short, fat and slim, in any grade; and, considering the small numbers in a grade, the differences are very marked.

6. Wide variations in academic achievement. When standard tests of achievement were first used in a school for the blind in 1917 by the writer, (1) such irregular curves resulted from grade comparisons and such wide variations in ability within grades were discovered, that it was recommended, for future studies, that data be presented also by chronological age, mental age, and years of school experience—both the last-mentioned methods giving a much more normal curve of progress than the grade curves. After the use of various tests in 7 schools, Hayes (2) presented the results in tables and curves based on chronological age rather than on grade. One of the chief reasons for the introduction of standardized tests of achievement was to improve grade classification, the ideal being a fairly homogeneous group in each grade composed of pupils of about the same chronological age (similar in size and weight if possible), of about the same mental age, and with the same amount of previous schooling. We have already indicated that such an ideal can only be approximated in a residential school for the blind, but our test results show that progress has been made. Ten years ago the Stanford Achievement Tests were made available in braille, and when the writer (3) in 1941 made a report on their use with over 600 pupils in 9 residential schools, fairly normal *grade* curves resulted, with results for the blind fairly close to the standards for the seeing in 9 out of the 10 subjects tested. Table V has been prepared to show the wide range of scores obtained in three representative tests when the annual use of the Stanford Achievement series was begun at Perkins Institution in 1935.

TABLE V. SHOWING THE WIDE RANGE OF SCORES AT THE FIRST USE OF THE STANFORD ACHIEVEMENT TESTS AT PERKINS INSTITUTION, NOVEMBER, 1935

	GRADES					
	4	5	6	7	8	9
1. PARAGRAPH READING						
Number tested	18	12	17	16	18	22
Seeing norms	52	65	76	84	91	97
Average score	38	52	69	77	88	96
Range of scores	70–23	87–29	92–41	98–20	105–31	115–81
6. HISTORY AND CIVICS						
Average score	31	46	66	77	86	93
Range of scores	68–20	82–20	93–20	123–20	104–20	115–68
9. ARITHMETIC REASONING						
Average score	47	60	72	80	89	91
Range of scores	88–26	83–42	83–58	100–37	111–62	118–72

In Table V it will be noted that in Paragraph Reading and Arithmetic Reasoning, the best scores were often from two to four times as high as the lowest in a grade, while in History and Civics, the top scores were sometimes five or six times the lowest. In these tests, a score of 20 is equivalent to zero achievement.

The average scores are not much below the seeing norms. The various extremely high scores indicate the need for promotion of many pupils, while the very low scores, if the children getting them have a fair proficiency in braille, would point to a consideration of demotion or removal to the "special" ungraded groups. A similar table constructed from the results of the use of the Stanford Achievement Test at Perkins in January, 1946, gives scores somewhat closer to the seeing norms, and the range of scores is much more limited, the highest scores within a grade being generally about one and one half times the lowest in the higher grades and two times the lowest scores in the lower grades.

Niday (6) noted great variations in reading ability within grades; and when he combines grades from the 10 public school classes and the 40 residential schools in one table, the range is so great as to have little meaning. Speaking of his tables for individual schools he says (page 19): "These tables show a wide range in rate and comprehension of reading braille by pupils of the same grade in the same school. Almost without exception is this true of all schools taking part in this survey."

7. Marked differences in general intelligence. There will always be wide variations in intelligence in grades of blind children. As in schools for the seeing, there are sure to be some pupils of superior mental ability who are not big enough physically to get along with their classmates if they are advanced rapidly; and, in schools for the blind, especially in the lower grades, there are many low-testing children who have been overprotected so much at home that they have not acquired the fund of general information about people and things which must form an important part of any intelligence test. In schools where testing has been carried on for years, many cases are known where blind children have tested little above the level of feeblemindedness when admitted, but who have gradually tested higher and higher until they have reached a level at which they could do some high school work. These cases require great patience on the part of teachers, and, gradually, those pupils who are intellectually deficient, and not merely retarded in their mental development, are given less and less academic work and classified as "specials." Probably many of the pupils

TABLE VI. INTELLIGENCE BY GRADES AT PERKINS INSTITUTION, JANUARY, 1946.

	GRADES					
	4	5	6	7	8	9
Number of Pupils . .	15	15	13	13	13	17
Average Age	11:1	11:8	13:3	15:	15:10	16:8
INTERIM-HAYES-BINET TESTS						
Average Mental Age .	10:8	11:11	13:10	15:10	17:	17:7
Range of MA's	14:1–8:3	15:8–8:5	16:11–11:8	19:1–12:9	22:5–14:2	22:2–13:3
Average LM IQ . . .	97	103	106	111	118	117
Range of IQ's	146–72	124–71	135–87	149–86	170–90	148–79
WECHSLER ADULT INTELL.						
Average WV IQ . . .	95	95	101	106	107	111
Range of WV IQ . . .	132–66	119–72	117–84	132–88	153–83	132–91

indicated by the low I.Q.'s in Table VI will become "specials." This Table indicates the range of M.A.'s and I.Q.'s that a teacher may be expected to find in the grades of a school for the blind, even in a school where intelligence testing has been carried on regularly for years. Similar tables showing wide variations in intelligence could be formed from data sent to the writer by various schools which have used the Stanford Achievement Tests. In schools where little testing has been done, much wider variations may be found.

8. Occasional children with emotional adjustment problems. It is often said that private residential schools for the seeing tend to become overloaded with problem children, such as "the poor little rich child" who has been made oversensitive and unsocial through too much parental solicitude; the rebel who resents parental restraint; the children of whom parents despair, so that they welcome the chance of transferring their burdens to other shoulders. In any residential school for the blind, one may expect to find similar problem cases, of which the following are samples: a child whose nostalgia is so severe that, after two full days of weeping, he must be sent home; a boy with too much vision and too much sophistication to chum with blind boys, or conform to the rules of the school. But larger numbers come from various types of poor homes. The family may be poverty-stricken and on relief; blindness may be hereditary, with other blind relatives in the home; one or both parents may be feeble-minded; moral standards may be low; the parents may be ashamed of their blind child, or the mother may actively reject him. A blind child may have no home of his own, and need to be placed by a state officer in a different foster home each summer; he may be an illegitimate child forsaken by his mother; he may be precariously connected with a broken home and wanted by neither parent. Various Perkins children come from homes where only a foreign language is spoken, making education more difficult, and subjecting them to ridicule for their awkward English. A child may have been recently blinded, or may still be undergoing eye operations, with constant disappointment of his hopes for better vision. Many partially sighted children enter a school for the blind after repeated failures in a public school, and naturally acquire a discouraged attitude. There are many reasons, then, why children in a residential school for the blind may find great difficulty in adjusting themselves and developing balanced personalities, and the sympathetic, understanding teacher who knows their backgrounds can greatly assist them in the process.

When a teacher enters the field of education of the blind, what may she expect to find in the grade assigned to her? She will certainly find that her grade is small in numbers, but

she must not jump to the conclusion that this means light work for the teacher, since our study seems to show that in a group of 10 to 15 children, there may be as wide a range of variations in everything we can measure as one would expect to find in a grade of seeing children three times as large. One teacher in charge of a group of 14 ungraded "specials" reports that every child is so different from every other that she has practically 14 grades to work with, and feels as though she were back in the little red school house of an earlier date!

The new teacher will find her pupils older and larger than seeing children of the same grades. Her pupils may vary widely in the amount of their previous school experience. If she takes a fifth grade, for instance, she may find some pupils who began their schooling in the kindergarten, and so have already had 5 years of education; she may find others with 4, 3, 2, or 1 year's experience, and perhaps one pupil who has just begun education through the fingers. As a result, there will be great inequalities in their educational achievement, especially in their facility in handling braille. In general intelligence, also, she may find wide variations, particularly if no provision has been made for a "special" group to take care of pupils who cannot keep up with the regular grade work. She will find that some of her "blind" pupils are not blind; and if the school does not provide a specially equipped room for the partially sighted, she may have great difficulty inducing them to read braille and to conform to the schedule and techniques planned for the sightless. She may have one or more pupils with a second handicap besides loss of vision for whom special provision must be made; but she will not find her pupils puny and sickly as a group if the school has made reasonable arrangements for medical examination and treatment. She may have a pupil who is struggling with some personal problem and cannot keep his mind on his work, but on the whole she will find blind children happy and vivacious, and will often be surprised at the jokes they play on each other, and the humorous attitude they often take towards their handicap. On the whole, then, a teacher in a school for the blind will find her grade a richly varied microcosm—a small replica of the greater world of the seeing—in which a surprising number of individual differences appear in a very small number of individuals.

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A MEDICAL SOCIAL APPROACH TO THE NEEDS OF THE PRESCHOOL BLIND

EUNICE W. WILSON

SINCE 1942, A RAPIDLY INCREASING number of blind infants and preschool children have been brought to the attention of the Social Service Department at the Massachusetts Eye and Ear Infirmary as a result of the medical research on retrolental fibroplasia under the direction of Dr. Theodore L. Terry.[1] In spite of the tremendous efforts being made to find the cause of this condition, which develops primarily in the premature infant whose weight is under three pounds at birth, there is at present no treatment which can be offered to restore vision. Therefore, the children in the study, who number over 100 must be considered blind, legally and educationally, and plans must be made for their care and training on that basis. Since many of the children are at intervals under medical care for a long period of time, and since repeated hospitalizations and surgery are often necessary to keep the eyes in a healthy condition, the medical social worker in the hospital is in an excellent position to offer help to the parents of the children, both in relation to the child's actual medical care and also in relation to the needs resulting from his handicap. The seriousness of the social problems of the preschool blind child has been brought sharply into focus in our institution by the impact of the number of children under medical study. It has given opportunity, as a result, for the study of the social factors which are presented in a group of children where there is similarity in diagnosis, as well as in age and degree of handicap.

The Social Service Department has attempted to give service to this group of children in some measure for the past three years, but since January, 1945, a full-time medical social worker has been studying the problems which face the child who is blind and those which confront his parents. In addition to defining the problem, attempts have been made to see what can suitably be offered for their solution.

From interviews with some 80 mothers of this particular group of children, and from observation of the children, the main problems repeated in many situations are listed:

Unwarranted optimism of parents about the child's prognosis for useful vision. Since the diagnosis is relatively new, and the parents are aware that research is in progress regarding it, they continue to hope for improvement in the child's sight. A complete understanding of the ocular abnormality and its treatment are difficult for them to grasp, and the fact that the cause is undetermined brings hope that when the cause is known, treatment will be developed which will benefit the child. This optimism makes them reluctant to face the handicap as a reality, and delays the earliest possible work with the child in terms of his blindness.

Emotional blocking in acceptance of blindness.

[1] *Outlook for the Blind*. October, 1945.

Mrs. Eunice W. Wilson has had wide experience in the field of social work, first with the United Charities, Chicago, and later as case work supervisor at the Massachusetts General Hospital, Boston. She assumed her present duties as director of Social Service at the Massachusetts Eye and Ear Infirmary in Boston in 1941.

Even though parents may be able to discuss, intellectually, the fact that a child is blind, they may be unable to make plans on that basis for his training and education. They may not be able to use the word "blind" in discussing the child. In some instances, ambivalent feelings for the child are apparent—on one hand, devotion to the child, and on the other, frustration over his limitations.

Need for specific information on training the preschool blind child. The average young mother with her first infant is eager for help with feeding problems, toilet training, and proper methods of discipline. The mother of the blind child is even more eager for this help, as she has a greater task in meeting the daily problems than the mother of the seeing child. How can she teach the child to transfer from bottle feeding to the use of the cup? How can she manage the resistance of change from soft to solid foods? How can she promote habits of cleanliness and neatness in the child who cannot imitate those processes through observing others? How can she foster attitudes of independence so necessary to the social adjustment of the blind child? How can she stimulate the child to walk, talk, and develop an interest in toys?

Anxiety regarding the mental ability of the blind child. Parents have no standard by which they can chart the blind child's development, except the standard set for the seeing child. Thus the blind child seems incomparably slower than other children his age, and the question of whether the child will be feebleminded, as well as blind, arises in the parents' minds. The possibility of the double handicap is almost more than they can bear, and they seek reassurance that their fears are unfounded.

Conflict arising in the minds of parents over the question of whether to keep the child in his own home or whether to place him outside of the home in the hands of experts for his preschool training. This is an understandable conflict when it is recognized how little help is available in the home to most parents of the blind child. If an institution is available which seems to have every advantage for the child's training, they wonder if they are not depriving the child by keeping him in his home environment. The difficulties of rearing the preschool blind child are obvious in terms of the patience necessary, the effort entailed, and the restrictions imposed upon the parents' activities by the child's needs. Not every parent is adequate to meet these difficulties alone, and many parents cannot do so without frequent and skilled consultation both in regard to the child's training and their own emotional reactions to the child and his problems.

The development of "blindisms," a source of concern which creates a desire for information on prevention and correction. These habits about which so little is known, and which are so generally found in the preschool blind, detract from the child's appearance and are not understood by either the parents or their friends. The unattractiveness and persistence of the habits are factors which arouse suspicions regarding the child's mental capacity.

Feeling of stigma in the parents for having a blind child. Every parent wants a perfect child, but blindness probably arouses more emotion than some other handicaps, because it is obvious and severe. The security of the parents in their own emotional development and their status in society, influence their feelings toward the handicapped child.

Fears and anxieties due to inadequate factual information about the blind and the resources available for training and education. The majority of parents have had no experience with blindness, and many of them have never known a blind person. They cannot, therefore, turn to their friends or neighbors to ask advice and to talk over the child's problems, as their friends have had no similar experiences to share. Although parents have heard of schools for the blind, they have little conception of the type of education the blind receive. They do not know whether the child

can become economically independent as an adult, and they are concerned about his future if they see no means to provide adequate financial and social protection for him.

In attempting to find a method of meeting the above problems, the medical social worker first used the case-work approach, *i.e.*, interviewing parents to learn the particular needs of their child, and trying to meet those needs on the basis of their individual problems. When it was found that this method could not deal with all of the problems presented, a second method—the group approach—was attempted. This was sponsored by Perkins Institution and Massachusetts School for the Blind in collaboration with the Massachusetts Eye and Ear Infirmary.[2]

The case-work approach was effective in treating many of the problems. Because of her close association with the doctor, the medical social worker was in a position to interpret to the parents a great deal about the diagnosis and medical treatment prescribed. Parents looked to her to raise questions with the doctor which they hesitated to ask themselves. They also found it helpful during the period of hospitalization to be able to secure, through the social worker, first-hand information on the child's medical condition and they realized that the social worker took some responsibility for his adjustment to hospital procedures.

In making the adjustment to the child's blindness and limitations, the mothers welcomed the opportunity to discuss their feelings of frustration and stigma with an understanding person. Through professional knowledge and skill, the social worker was able to help the parents move from a sense of tragedy about their situation to the point where they could take constructive action in regard to the child. The handling of the acceptance of the handicap is the most difficult problem which the social worker faces. Many factors operate within different individuals which condition their reactions to any type of frustration or deprivation. Therefore, the social worker must know the significance of the problem which the child presents for each individual parent with whom she deals before she can expect to be helpful to him in his adjustment. Suggestions and advice must be timed to the parents' readiness and ability to accept them and to participate in carrying them out. This often requires a long and careful case-work process, but there seems to be no quick way in which an emotional adjustment of this type can be effected.

The question of placement was also one which required consideration on a very individual basis, and here again the case-work method had much to offer in helping the parents come to a decision in regard to whether or not placement was a suitable plan for their particular child.

The social worker had knowledge of resources for child care and for the blind which the parents were eager to discuss at certain times, and because of her availability in the hospital at all of their visits they were able to use this information at a time when they were ready for it.

As the case-work method was in progress, it was evident that many of the questions raised were on specific phases of child training and education of the blind. Since the medical social worker is not an expert in either of these fields, advice was sought from outside sources in these areas. A review of local community resources revealed little in the way of organized help which could be used by the parents while the child remained in his own home. Nursery school teachers for home instruction were not available, and many children lived in sections where day nursery school care was not accessible.

No agency for the blind could be found which was organized to offer consistent, regular, home visiting over a period of time long enough to give the mothers a sense of

[2] "Summer School for Mothers and Babies," by Gabriel Farrell, D.D. *Outlook for the Blind*. September, 1945.

security about handling new problems as they developed and changes as they occurred in the growth and development of the child. After consultation with various persons concerned with the care of children and treatment of the blind, Perkins Institution and Massachusetts School for the Blind agreed to carry out a summer school project for a group of mothers and their children to see what could be offered to the mothers in an educational way which might be helpful. In preparation for the lectures at the school, information and suggestions were secured from educators in the field of the blind, as well as from the medical and children's fields, respectively.

The summer school held in June, 1945, has already been described by Dr. Gabriel Farrell in *Outlook for the Blind*, for September, 1945. It is mentioned here to show a second method initiated by the medical social worker in an attempt to meet the demands of the parents for assistance. The summer school project supplemented the case-work approach and gave valuable help in both specific and intangible ways. Dr. Terry, through the lecture method, was able to give a picture to parents of the total implications of retrolental fibroplasia. Following this careful and detailed interpretation, parents realized more fully than previously that the children would be legally blind and that medicine could offer no hope for improvement beyond that classification.

The mothers had an opportunity during the summer school to exchange opinions with mothers facing similar problems, which seemed to lessen tension within themselves. They could also compare their children in terms of development with other children similarly handicapped. While psychological tests were not attempted on the children, Dr. Samuel P. Hayes, psychologist, did observe the children as part of his study in building up a test for measurement of the preschool blind child, and his opinions on their development gave reassurance to the parents.

The lectures covered many phases of child training, and contained much practical information. Free discussion and questions were encouraged concerning both the physical and emotional development of the child, and the relationship of the young child to his mother. The effects of separation of the mother and child were also discussed. The subject of "blindisms" was one on which satisfactory help could not be offered, but emphasis was placed on stimulation of the child to activities outside of himself, rather than concentration on correction of the "blindisms."

The objectivity of the teachers, and others handling the children, toward blindness, plus the factual information gained about the education of the blind and facilities for care of the blind, in the setting of Perkins Institution, created a broader point of view in regard to the blind child than was accomplished in dealing with the parents individually. The nursery school conducted for the children, which the mothers could observe, demonstrated how much a child could accomplish when given the attention and stimulation he needed. It also showed how quickly the child could relate to other children if given that opportunity, and how he could be encouraged toward independent activity.

The social worker's conclusion in regard to the two methods—*i.e.*, the case-work, and group-work approach—were that both methods had value, and supplemented each other, but that the case-work approach is basic, and that the group plan would not have been effective without it. Throughout the planning for the summer school project, the medical social worker was interpreting to the mothers the purpose of the course; asking for their suggestions in preparation for selecting topics for discussion; and, with the psychiatric social worker at Perkins Institution, was interpreting to the speakers and nursery school teachers the needs of the parents and the nature of their problems. In addition, both the medical social worker and the psychiatric social worker at Perkins Institution were in resi-

dence during the entire course, and were available for consultation when a mother wished to discuss the problems of her own child in relation to material which had been presented by the speakers. The medical social worker was also the link between the patients and the doctor, and the parents recognized in her a person who knew the medical problems of the children, as well as one who had sought this resource for them.

The summer school project, while presenting many excellent results, by no means provides the solution for all the parents who need assistance. Those who attended the course were probably the ones most able to leave their homes and their other children. In some cases, environmental difficulties prevented attendance and, in others, the mothers made no reply to the invitations, although they had expressed need for help in various areas. In fact, from the social worker's point of view, parents with the most serious problems showed least interest in attending the course.

Although study of the medical social problems of the preschool blind child is still in progress, some general impressions have thus far resulted from a year's study:

1. There is a decided lack of community resources to meet the needs of the preschool blind schild.

2. Parents of the preschool blind are desperately in need of skilled case-work assistance to handle their own reactions to blindness before they can deal effectively with the child.

3. Preschool blind children should remain in their own homes whenever possible. This is consistent with current thinking on the need for all children to have the security of their family groups. The blind child needs every opportunity to establish warm family relationships, and to develop a sense of belonging to his family group, to enable him to make his adjustment to life as a competent member of society. Unnecessary separation from his parents at an early age seems to threaten the development of the child's sense of security.

4. Parents are eager for the advice of experts in the nursery school field, in the whole area of training and development. The adequate assistance of a nursery school teacher to the mothers in their homes is essential if the mothers are to feel adequate and secure in training the child.

5. The preschool blind child needs companionship with other children, preferably with seeing children. The tendency in the past to segregate blind children should be seriously considered in terms of the child's need to develop the capacity to live in a seeing world. Little experimentation has been done on what can be accomplished with blind children in nursery schools for seeing children. This should be further attempted and the results carefully evaluated.

6. The field of child care has much to offer to medical social workers and workers in the field of the blind on the general understanding of the handicapped child. Children's centers which would be available for study and evaluation of the preschool blind child from the point of view of his physical, mental, emotional, and social development, would be of great value in giving guidance to parents in their very difficult situations. There is opportunity both for those whose primary concern is the care of the blind, and those who are primarily concerned with the care of children, to make a real contribution to this, at present, rather neglected group of children—the preschool blind.

CONSISTENCY IN WORLD USE OF BRAILLE:

SYMMETRY OF SOUND VERSUS A PATTERN ON PAPER

LIEUTENANT COLONEL SIR CLUTHA MACKENZIE, G.C.M.G.

LOUIS BRAILLE'S SIX DOTS with their 63 permutations provide an extraordinarily effective single script in which to express every one of the world's languages. In this respect the blind community is definitely one up on those who see, but the unfortunate thing is that, for a variety of reasons, this advantage has not been made full use of. The chief reason appears to be the conflict between two of its principles as originally laid down for European braille, namely:

A. The teaching value of Braille's symmetry in his seven-line setout; or

B. The virtue of each symbol retaining the same, or nearly the same sound value in every language as far as practicable.

Pioneers of small scattered schools for the blind in Africa and Asia, mostly missionaries, in "braillising" the local languages, have sometimes plumped for "A" and sometimes for "B."

For purposes of brevity, we shall call the codes planned under system "A," "Scrambled Brailles." That is to say, Braille's signs are there all right, but they have been given sounds different from their original ones.

In the late 1800's, two groups in the United States had a shot at this kind of thing, and vast numbers of embossed books, years of mental effort on the part of the unfortunate blind victims, and many tempers were lost before sanity prevailed.

In London, in 1932, the final victory of Standard English Braille was won. Standard English Braille, which represents the practical application of the original French Braille to the English tongue, is a uniform code common to the whole English-speaking world and a triumph of good sense and compromise.

Those who, in these days, scramble braille under system "A," do so with the best of intentions, but are unaware of the tragic inefficiency and heavy losses such adventures have meant in the past.

For those who may not be quite clear as to what the term "Scrambled Braille" implies, it may be explained that we would have an exact parallel if we put the letters of the sighted Roman alphabet into a hat and said that in future we would give the sound of the letter "A" to the first letter we pulled out of the hat, the sound of "B" to the second, and so on. Let us suppose that "Q" comes out first, "E" second, and "R" third. Following up our interesting plan to give new sounds to all our old familiar letters, we now proceed to spell the old word "CAB" with the new letters "RQE." You will, of course, find it a trifle difficult at first, but presumably one gets used to most things if one persists long enough; and in the end you may perhaps feel that the mental effort has been worth while. That is what is meant by "Scrambled Braille." In India one doesn't order scrambled eggs; the local term is "Rumble Tumble." One says, "Rumble Tumble eggs, please." This term would do, too, for these topsy-turvy brailles.

A scrambled braille for an oriental language

In this article, Sir Clutha Mackenzie, head of St. Dunstan's Hostel for Indian War-Blinded, at Dehra Dun, India, discusses braille in the light of an "international code."

is as muddling for the blind student learning a language outside the limited scope of his own special braille as the effect of our example of scrambling the word "CAB" would be to the sighted English reader. Take the simple Hindi word "Sahib" which has now been absorbed into the English language. In oriental braille (a scrambled system) it would read: Dots 1-6, dot 1, dots 1-2-3, dots 1-4, and dots 3-4-5-6, which, in Standard English Braille, stand for *ch*, *a*, *l*, *c* and *ing*, making the word "*chalcing*." If the Hindi braille, however, were based on the international system, this word would be spelled both in Hindi and in English with precisely the same braille signs, namely: *s*, *a*, *h*, *i*, *b*.

Following system "B" is fairly simple. First of all, the pioneer planner of a braille for a new language, say Gurkhali, takes its alphabet and selects the letters whose sounds correspond, or almost correspond, with sounds associated with standard braille signs, and allots those signs accordingly. All oriental scripts contain more characters than the Roman. Frequently they contain single symbols for sounds which take two Roman letters to represent them, but which, in Standard English Braille, are also represented by a single sign. Thus, Standard English Braille already contains single characters which represent exactly, or nearly so, the sound values of many oriental written characters. In a number of Indian alphabets, for example, there are single characters representing the Roman compounds *ch*, *sh*, *th*, *ar*, *ow*, *ou*. As these are already represented in Standard Braille by single signs, our next step would naturally be to allot the same signs to them in our Gurkhali example.

Most oriental languages, however, have a number of characters to which there is no corresponding sound covered by the signs of either Grade I or Grade II Braille. Our third step, therefore, consists of giving these sounds signs which are of necessity more or less arbitrary so far as their association with international braille is concerned, but care must be taken to see that these signs are standard to the languages within which such sounds or characters are common, and that due consideration is given to such factors as ease of reading, frequency value, and so on.

Finally, some languages have very fine gradations in pronunciation, so fine, indeed, that they are quite indistinguishable in everyday use, though the pundit, esthete, and religious teacher insist on their being written differently in the script. Thus, for example, Urdu has four "s" sounds and four "z" sounds. Such situations may best be met, perhaps, by allotting the standard "s" and "z" braille signs to the ones in commonest use, distinguishing the others by compounds of the "s" or "z" with preceding accent signs.

The result is a braille, the symbols of which have more or less sound values which are recognizably akin to the original, and now international, braille of the world. Thus, braille scripts, designed on this system, can usually be pronounced with fair accuracy by any blind reader who has been trained in an international type of braille. Of course, until he sets out to *learn* the other language, he will not know the meaning of the words he can pronounce, but in helping him to master the second language, it is a factor of immense assistance that its braille symbols should have the same sound values as those of his mother tongue.

"Scrambling" presumably had its origin in the respect school teachers had for Louis Braille's seven-line symmetry which he designed to aid in teaching elementary pupils "braillised" Roman. The additional "w" in our English alphabet threw this system a little out of plumb in our braille. How much Louis Braille contemplated the ultimate "braillising" of all the world's major languages is not known, but if he had been asked whether he wished each individual sign to stand for nearly the same sound in every language, or whether he wanted the seven-line symmetry to be

applied rigidly to every alphabet, whatever its sound sequence, it is certain that his logical mind would have chosen the first course.

In the unco-ordinated application of his code to the distant languages of the world, it was inevitable that these differences should have arisen. In most cases the wrecking of the principle of "the same sign for the same sound" has been due to the overstressing of Louis Braille's symmetrical pattern. If we apply his order of letters to the normal sequence of the alphabet being "braillised," we cannot avoid playing "Old Harry" with all sound relationship. There is no question that the sound relationship is by far the more important consideration, but for those who feel that the seven-line order is important, a compromise is open. The braille symmetry can be kept intact, but the normal alphabetical sequence of the letters has to be rearranged. Under modern teaching methods, this is a matter of little consequence. To achieve unity in India, for example, such a compromise has to be resorted to between the alphabets of the two major language groups, Indo-Aryan and Perso-Arabic, the sound sequences of whose alphabets differ so radically.

To British and American braille readers the use of the international system in the "braillising" of African and Asiatic alphabets is of but slight interest. That interest is confined to the few blind teachers, British, American, and continental, who labor as lonely pioneers in small and struggling schools in India, China, Arabia, Persia, and so on. While few western readers want to learn or read an oriental language, many of the blind people in Asia and Africa are compelled by realistic necessity to acquire English, or some other European language, in order to gain access to an adequate store of braille literature, as well as to have command of the world's major media of commerce or science. Within these two great continents, also, classical and religious study demand that many shall have a knowledge of Arabic, Persian, or Sanskrit in addition to their mother tongues. It can, therefore, be understood how great a help it is to them that, as far as possible, international sound values should apply to each sign.

We blind people of the world should cash in upon the advantages which Louis Braille's extraordinarily efficient 63-sign script gives us. Adhered to in its modified standard form, it is a truly international code which seeing people can well envy us. Let us reap its advantages. In order to do this, may we ask our sighted friends, whenever they have a finger in the shaping of a braille for a new language, not to allow themselves to be led up the garden path of symmetrical pattern. Vertical and horizontal symmetries are very nice in their way, *but* it is *symmetry of sound* which is the real factor in international braille.

GENERAL COMMITTEE OF WORKSHOPS FOR BLIND MEETING

A meeting of the General Committee of Workshops affiliated with National Industries for the Blind will be held on December 6 and 7 at the Hotel Sherman, Chicago, to elect a new Advisory Committee and discuss general problems.

It has been the custom of N.I.B. to pay the expenses of the representatives attending this meeting; however, it will be impossible to continue this practice at this time. It is hoped that workshops will be able to have a representative attend the meeting nevertheless.

The Broom Manufacturers Association is holding its annual convention at the same hotel on December 8, 9 and 10.

As hotels in Chicago are extremely crowded, those who plan on attending this meeting are urged to write the Hotel Sherman immediately for reservations, and also to notify National Industries for the Blind.

LETTERS TO THE EDITOR

93 Newry Street
Banbridge
County Down
North Ireland
May 2, 1946

Dear Sir:

My cousin, Robert A. Maclean, 318—74 Street, Brooklyn, New York, has sent me a book by Mrs. Alice Bretz, *I Begin Again*, from the pages of which I got the address of your organization.

I thought you might be interested in the work we are trying to do for the blind of the rural districts in Northern Ireland.

My husband is a country doctor, and through his work, in which I have always, as a nurse, helped him, I came in contact with a blind patient of his who lost her sight at 40 and almost had a nervous collapse because of this tragedy of blindness.

One Sunday evening my husband and I were listening to the radio to an appeal by the then Prince of Wales (now the Duke of Windsor) for wireless sets for the blind, and my husband suddenly said: "Get your pen and write the British Broadcasting Corporation for a set for Ellen" (his blind patient). I did so then and there, and in a few days a set arrived from Belfast which I had erected for her. It was the saving of her reason.

Eventually, the news of this special wireless set for the blind spread over the whole district. In a short time, I was besieged with applicants from all points of the compass, and soon had between 60 and 70 sets going in our own county and into County Armagh. I heard so many pitiful stories from the relatives of blind people about their utter loneliness and the long, weary, dark hours they had to struggle through, that I began to wonder if more could not be done than getting wireless sets for them. I think there must be something in telepathy after all, as a gentleman—blind himself—in Belfast, Mr. William Sweeney, was thinking along similar lines. He had heard of all these wireless sets being sent to County Down by the Belfast agent for the "Wireless for the Blind," and in a short time a lady, Mrs. Norah Lyttle, called on me one day and asked for my list of blind people in the country district surrounding Banbridge, a town of 5,000 population. She said she had been sent by a blind gentleman, Mr. Herbert Quin, B.L., who wanted to found an association for the rural blind called the Blind Welfare Association for the Blind of Northern Ireland, and she wanted me to set the ball rolling by forming the first center and committee in Banbridge.

I am, domestically, a busy woman, and at first the venture seemed stupendous, but I had courage and health to back it up. In less than no time I had collected my chairman and committee, and we had our first meeting in a room over a fruit shop in January, 1939. Then, we only had Mrs. Norah Lyttle, who is still our North Ireland organizer, and who embarked alone on this gargantuan task. War broke out that spring and she still struggled on. By degrees, she got a headquarters going in Belfast with herself as organizer and two home teachers who were trained in braille, Moon, typewriting and handicraft, and were certified from the London College for Home Teachers of the Blind. These girls did colossal work on ordinary push bicycles and on foot, visiting the blind, and teaching them in their own homes in obscure parts of the country and often in mountain districts. Their task was extremely arduous.

The work kept on expanding during the war, till now there are 2,000 blind under our care, all over Ulster; our organizer, Mrs. Lyttle, and under her, 3 supervisors; 12 home teachers; and an equipment manageress who buys in all the wicker, rug wool, etc., for the handicrafts and gives it out to the teachers. These all work from our headquarters at 41 Royal Avenue, Belfast.

Recently we have supplied six motorcycles (one between every two teachers) at a cost of nearly $1,500, and to clear off a bank overdraft, we organized April 6 to 13 as Blind People's Week, when many towns and villages in Northern Ireland made special efforts to raise funds to stabilize the finances of the parent association. In Banbridge district alone we raised $1,700 during that week, some of it through collecting a large number of corn syrup tins which we converted into attractive money boxes and decorated with a label of daffodils (our emblem) and our slogan: "Help the Blind to Help Themselves."

Hoping I have not wearied you with this description of an organization which is doing a great work in helping the blind in the country districts of Northern Ireland,

Yours faithfully,
Daisy C. Boyd
Honorary Secretary
Banbridge Branch, B. W. A.

Dr. George E. Zilbach, dentist, has been appointed to the medical staff of The Industrial Home for the Blind, Brooklyn, N. Y., according to a recent announcement made by Peter J. Salmon, managing director of the home. Dr. Zilbach, who is a member of the American Dental Association, the New York State Dental Society (Kings County Branch), and the New York University Dental School, has been practicing dentistry in Brooklyn for 21 years.

LUCY A. GOLDTHWAITE AWARDED MIGEL MEDAL

At a ceremony held in the Helen Keller Room of the American Foundation for the Blind on October 8, Miss Lucy A. Goldthwaite, of New York City, was presented with the Migel Medal, which is awarded annually to some individual recognized to have rendered outstanding service to the blind. Miss Goldthwaite, as most readers of the *Outlook* know, is founder and editor of the *Braille Book Review*, was for a time editor of *Outlook for the Blind*, and is one of the pioneers in library work for the blind. Under her direction, the Library for the Blind of the New York Public Library was developed into the largest and best organized collection of books for the blind in the country. Through its unusual collections of braille music and textbooks for blind students, it served with distinction the whole of the United States. Through the group of volunteer braille transcribers trained by the Library, it enabled college and university students, blind professional people, and others interested in special subjects to obtain in braille reading matter not otherwise available to them.

Miss Goldthwaite's enthusiasm for her work and her sincere interest in blind people made her welcome new developments intended to promote reading for the blind. She was an active participant in discussions on the relative merits of various systems of embossed printing for the blind, and a staunch supporter of the international system of braille which was finally adopted. She recognized immediately the great value of the Talking Book and its opportunities for bringing information and entertainment to all blind people and especially to the older and lonely blind person who might be unable to make use of braille as a reading medium.

To help blind people make an intelligent choice of books to be borrowed from their libraries, she was instrumental in the establishment of the *Braille Book Review*, worked to

get the money for its publication, and served, and still serves, as its first and only editor. Blind people have found the short book notes in the magazine invaluable and have enjoyed the literary discussions and the biographical sketches that she selects with such care for each issue.

Miss Goldthwaite in her field is a recognized authority of national and international standing. She was for years a member of the Board of Managers of the New York State Commission for the Blind; she served for several terms as the chairman of the Committee on Work with the Blind of the American Library Association; and she is an American director of the Moon Society of the National Institute for the Blind in London, England. She was an American delegate to the World Conference on Work for the Blind in New York City in 1931.

It might be said that few people in work for the blind in the United States have been so universally loved by and also commanded such respect from all the blind throughout the country. In her they felt they had a true friend and a valiant defender whenever someone was needed to do battle in their cause.

Previous recipients of the Migel Medal since its first presentation in 1937 have been: William Nelson Cromwell, Walter G. Holmes, H. Randolph Latimer, Miss Adelia M. Hoyt, Mrs. Eva B. Palmer, Louis W. Rodenberg, Henry Ford III, Misses Florence and Georgia Trader, and John B. Curtis.

The Committee on Awards which chose Miss Goldthwaite as this year's recipient of the medal consists of Dr. Helen Keller, Harvey D. Gibson, William Ziegler, Jr., and M. C. Migel.

"Pity makes us feel *for* people; sympathy teaches us to feel with *them*."—From *The Teacher of the Blind*.

NECROLOGY

Mrs. Dorothy Harrison Eustis, founder and former president of The Seeing Eye, Inc., died on Sunday, September 8, at her home in New York City, after a brief illness. She was sixty years of age.

Born in Philadelphia, Mrs. Eustis was a daughter of the late Charles Custis Harrison, for many years provost of the University of Pennsylvania, and of the late Mrs. Ellen Nixon Waln Harrison. It was in 1921 that Mrs. Eustis founded "Fortunate Fields," a dog-breeding experimental establishment at Vevey, Switzerland, where the mental capacity of dogs and their working capacity in relation to their service to men were studied. In 1927, Mrs. Eustis became interested in work which was being done in Europe in the instruction of dogs as guides for the blind, and contributed an article on the subject to *The Saturday Evening Post*. As a result of that article, a young American, who was blind, went to Fortunate Fields to be trained in the use of a guide dog. The experiment proved highly successful, and after her return to the United States, Mrs. Eustis founded The Seeing Eye organization at Morristown, New Jersey, and personally trained many of the dogs who later became guides to the blind. The movement became nationally famous, and in 1936 the National Institute of Social Sciences awarded to her its gold medal for "distinguished service to humanity." Mrs. Eustis retired from the presidency of The Seeing Eye only two years ago.

Valentin Haüy, inventor of printing in raised characters for the blind, got his idea while watching a blind Viennese pianist play entirely by touch.—*Graphic Arts Monthly*.

NEWS AND VIEWS OF THE A.A.W.B.

Edited by Alfred Allen, Secretary-General

A.A.W.B. TO MEET IN 1947

After a careful study of the replies sent to the Secretary-General in response to the inquiry made of all members as to their preference in respect to the proper steps to take following the postponement of the 21st biennial convention, which was to have been held last June, and after a careful survey of all the factors involved in trying to arrange for a convention later in the year, the Executive Committee concluded that the most satisfactory solution and thé one which would probably meet with widest approval, would be to abandon any further plans for a meeting this year.

Under normal circumstances the Association would hold a biennial convention in the summer of 1947, and it would not seem logical to try to run a convention in November and another next summer.

Members and others interested should, therefore, please take note that there will not be a convention this year. They should also please note that the next biennial convention will open at 8:00 p.m. on Monday evening, June 16, 1947, at the La Salle Hotel in Chicago, and that it will run through June 19 or 20. Further details will be supplied to all members in due course.

The La Salle Hotel will re-open within the next few months, by which time it will have been completely renovated and modernized, and members are assured that everything will be done to provide for their comfort and well-being.

Inquiries concerning the convention may be made of the Secretary-General, at 15 West 16 Street, New York 11, New York, but should, where possible, be delayed until the turn of the year, by which time all members will have received a general bulletin outlining plans for the meeting.

AWARD OF CERTIFICATES TO HOME TEACHERS

The Board of Certification of Home Teachers takes pleasure in presenting its second announcement of Certification of Home Teachers.*

The Class I Certificate was awarded to the following home teachers who have completed all necessary requirements:

CLASS I CERTIFICATE

Mr. Murray B. Allen, Salt Lake City, Utah
Miss Marie Busch, Jefferson City, Missouri
Mr. Thomas F. Gilmartin, New York, New York
Mr. Ben H. Howell, Kirkwood, Missouri
Miss Jodie M. Jackson, West Palm Beach, Florida
Mrs. Mary Albertson Quigg, Seattle, Washington
Miss Regina Sandman, New York, New York
Miss Martha Ruth Smith, Little Rock, Arkansas
Miss Dora Isabelle Tolle, Kansas City, Missouri
Mrs. Marianna Webb, San Antonio, Texas
Mrs. Grace Speak Williams, Joplin, Missouri

The Service Certificate for Home Teachers, which was created as a recognition for those home teachers who have twenty or more years

*The first award of certificates was announced in the December, 1945, issue of *Outlook for the Blind*.

of meritorious service, was awarded to the following home teachers:

SERVICE CERTIFICATE

Miss Anna Abrams, Hempstead, N. Y.
Mr. Murray B. Allen, Salt Lake City, Utah
Mrs. C. T. Anderson, Atlantic City, N. J.
Mr. George C. Bailey, Seattle, Washington
Miss Lorraine N. Berger, Bridgeport, Conn.
Mr. A. H. Bradford, Springfield, Mo.
Mr. Patrick Brooks, Baltimore, Md.
Miss Bertha Brough, Grand Rapids, Michigan
Miss Mary E. Cain, Indianapolis, Ind.
Mr. Charles Comstock, Chicago, Ill.
Miss Mary I. Curran, Worcester, Mass.
Miss Theresa DeFrances, Bronx, N. Y.
Miss A. Fisher, Edmonton, Alta., Canada
Miss Cora A. Fitton, Washington, D. C.
Mr. John F. Fitzgerald, Utica, Ill.
Miss Mary Eunice French, Providence, R. I.
Mr. Louis Furman, New York, N. Y.
Mr. Lemont Hackett, Baltimore, Md.
Miss Stella Hamilton, Milwaukee, Wisc.
Miss Margaret R. Hogan, Richmond, Va.
Miss Mary Hugo, Cleveland, Ohio
Miss Sadie Jacobs, New Orleans, La.
Mr. Niels C. Johannesen, Baltimore, Md.
Miss Anna J. Johnson, Chicago, Ill.
Mrs. L. J. Johnson, Baltimore, Md.
Mrs. Mary Carroll Lau Fer, Oakland, California
Mrs. Hazel Lemke, Rochester, N. Y.
Miss Mary M. Leonard, Elizabeth, N. J.
Miss Margaret Liggett, Regina, Sask., Canada
Mr. Francis J. Mack, Jersey City, N. J.
Mrs. Lydia Mack, Jersey City, N. J.
Miss Pearl McGibbons, Indianapolis, Ind.
Miss Ivie M. Mead, Wethersfield, Conn.
Miss Catharine J. Morrison, Los Angeles, California
Miss Ethel Morrison, Spokane, Washington
Mr. Francis C. Myers, Baltimore, Md.
Mrs. Jennie Oehm, Albany, N. Y.
Miss Ethel I. Parker, Lawrence, Mass.
Miss Clara A. M. Pearson, Columbus, Ohio
Miss Josephine Peters, Binghamton, N. Y.
Mrs. Nora Racine, Eastview, Ont., Canada
Miss Adaline Ruenzi, St. Louis, Mo.
Miss Elizabeth Rusk, Toronto, Ont., Canada
Mr. Edward S. Schuerer, Springfield, Mass.
Mrs. Estelle Selover, Jackson Heights, Long Island, N. Y.
Mrs. Marjorie L. Smith, Washington, D. C.
Miss Nettie Strobel, Shreveport, La.
Mrs. Alice Tank, Milwaukee, Wisconsin
Miss Mary A. Thompson, Melrose, Mass.
Mrs. Hattie Wills, Newport News, Va.
Miss Theresa Wood, Brooklyn, N. Y.
Miss Aletha Young, Indianapolis, Ind.

The Board of Certification expresses its sincere congratulations to these professional workers in our field, and extends best wishes for the continued success of their work.

The Board concludes with this announcement its action on the award of Service Certificates.

Home teachers who desire to file application for a Class I or a Class II Certificate are encouraged to do so by writing to the secretary of the Board, c/o American Foundation for the Blind.

MURRAY B. ALLEN, *Chairman*
GWEN HARDIN
BERTHOLD LOWENFELD, *Secretary*

NOTICE

From time to time the American Foundation for the Blind sends out informative bulletins regarding national legislation in behalf of the blind. These bulletins are sent free of charge to blind people interested in the subject, especially to those who would like to co-operate in obtaining the passage of desirable legislation. If you would like to receive these bulletins, please address a post card to the American Foundation for the Blind, 15 West 16 Street, New York 11, New York, asking to be placed on its legislative mailing list.

THE SUGGESTION BOX

By the Technical Research Department

MORE ABOUT INTERVAL TIMERS. "Mark-Time" interval timers which ring a bell at the end of a desired period are now available. Two models are currently being stocked—one for thirty minutes maximum, and one for sixty minutes. The dials are about 2½ inches in diameter. The thirty-minute model has braille dots at each minute, and double braille dots every five minutes. The sixty-minute model has single braille dots at 2½ minutes, double braille dots at five minutes, and triple braille dots at fifteen, thirty, and forty-five minutes. In operation, the pointer knob is turned in a clockwise direction past the five-minute mark and then set, by turning it backwards or further forwards to the desired setting. The device ticks until the time is past and then rings a bell. The price of each model is $2.50, postpaid.

In physical appearance, these timers resemble small alarm clocks. Another model will be stocked which, instead of ringing a bell, will turn off an electric switch. These may be more difficult for us to keep in stock. Their price will be $4.25.

Still another model, with a full range of only sixty seconds, may prove useful to physiotherapists and others having occasion to take the pulse of patients, or do other timing operations covering short periods of time. None of these has yet been received, but it is hoped that a supply will be on hand by the time this appears in print. They will sell for $3.25, postpaid.

POSTAL SCALES. A scale known as the Buddy Scale is now on the market and can readily be adapted for use by the blind. It consists of an aluminum disc suspended from a ring. A pointer is extended from the arm to which the ring is attached. Slightly to the right of the pointer pivot, another arm is suspended, with a spring clip at its bottom for holding envelopes and a hook for holding small parcels. The four inch disc is pulled up by the weight of the letter or parcel allowing the pointer to indicate the weight on a braille scale carrying a dot at one ounce, another at two, and so on up to six ounces. If these can be secured directly from the manufacturer, the price will probably be 75¢ postpaid. Otherwise, the price will be $1.15.

RADIO ANALYZER KITS. With considerable effort, it has been possible to assemble complete kits for the Braille Analyzer which was described in *Radio Craft* for March, 1946. The price of this kit amounted to $25.00, unassembled. The kits will undoubtedly be sold out by the time this appears, and subsequent kits may be slightly more or slightly less expensive. Orders may be placed on that basis with the understanding that no guarantee whatever can be made regarding deliveries.

LIQUID MEASURE. A satisfactory device for measuring liquids by half teaspoonsful is being offered for sale by the Williams Manufacturing Company, 3819 Wisconsin Avenue, St. Louis 18, Missouri. This consists of a glass cylinder into one end of which is inserted a rubber bulb. The other end is equipped with a rubber cap for attaching a glass tube. If the cylinder is held between the thumb and middle finger and the bulb is depressed all the way with the *tip* of the index finger, a half teaspoonful of liquid will be drawn into the syringe. We have repeatedly measured half

and whole teaspoonsful, as well as tablespoonsful (six fillings of the syringe) with satisfactory results. Orders should be sent directly to Mr. Williams. The price is $1.00.

Mr. Williams has another model in stainless steel with variable capacity, but we have not yet seen this, since production is being delayed by lack of materials.

GAS LIGHTERS. A number of letters have come in from people who are hesitant about lighting gas stoves and particularly gas ovens. We are therefore putting in a small stock of "Oval" gas lighters, a product of Flint Products of Brooklyn. This lighter is something like a safety pin, seven inches long; but at the "catch" or "pin" end it is equipped with a steel file and a flint. The gas is turned on, and the arms of the device are pressed together. The sparks light the gas. Similar devices have been on the market for many years. A major difficulty was that the flints wore out. On this model the flints are easily replaceable. A lighter with four extra flints sells for 25¢, postpaid.

HEADPHONES. Through the good agencies of the U.S. Navy, a substantial supply of headphones has been made available for use by the blind in connection with the Talking Book program. These are magnetic units, manufactured by Shure, and are of fairly low impedance. They are equipped with leather-covered headbands and sponge rubber ear cushions. Unfortunately, the cords are too short and the plugs will not fit the Talking Book phone jacks. However, it is possible for changes to be made. These, together with shipping, make the price 75¢. The original cost was, we understand, $10.00. For radio technicians, radio amateurs, and so forth, the sets are offered, *without adaptation*, for 25¢ to cover the shipping and packing costs.

FLAMELESS CIGARETTE LIGHTERS. Cigarette lighters manufactured by Lektrolite Corporation have been submitted for test as possibly useful devices for the blind. When the lighter is opened, there is neither flame nor heat. The effective element consists of platinum-coated wire sponge which has the property of generating heat in fumes of certain materials.

The fumes are supplied by the special lighter fluid with which the lighters are filled. A cigarette is simply set into the cup at the top of the lighter and puffed on. After three or four vigorous puffs, the sponge is supposed to glow much as an automobile type of lighter glows, except that the Lektrolite requires no electricity.

The lighter comes in various models. By the time this appears in print, our investigation should be complete. Write for information and prices.

TECHNICAL RESEARCH COUNCIL TRANSACTIONS. Many requests have been received for bulletins on the transactions of our Technical Research Council. We would be interested in knowing how many feel that a digest of the problems discussed at the weekly meetings of this organization would prove interesting. If there is sufficient demand, steps may be considered to put out a periodical leaflet.

BLIND GRADUATE RECEIVES HONORS

Among the 24 graduates to receive Bachelor of Law degrees at the Eighteenth Commencement of John Marshall College in the auditorium of New Jersey State Teachers College on September 22, was Augusta M. Gentry, of Jersey City, who has been blind since childhood. Not only did Miss Gentry receive a degree; she was one of the honor students, and recipient of the dean's medal for "exhibiting all the characteristics and virtues of a true John Marshall student."

FOUNDATION ACTIVITIES

News notes of the current activities of the American Foundation for the Blind

The courses in the Education of the Blind, conducted during the past summer at the University of Wisconsin by Dr. P. C. Potts, assistant director of the American Foundation for the Blind, were attended by teachers from nine states and the District of Columbia. A seminar in Problems in the Education of the Blind was added to the regular course offerings, and a class in reading and writing grade two braille, involving the use of the braille-writer, was offered without credit. All thoes present have learned to use braille, and several of the seeing teachers can read it with their fingers.

A feature of the summer program was the Child Development Institute, during which the students demonstrated methods in the education of the blind with pupils of the Wisconsin School for the Visually Handicapped, and movies depicting work with the blind were shown. Dr. Potts gave two public lectures at the University during the summer. Miss Olive Peck, supervisor of Braille and Sight-saving Classes in the Cleveland public schools, offered courses in the Nature of the Exceptional Child, and the Education of the Partially-seeing Child, which were well attended.

This program is not only affording teachers in our residential schools and braille classes a chance to improve their qualifications by summer study, but is gradually attracting promising teachers to this area of specialization. It is easy to place any of the students who do not already have positions, or who wish to better themselves.

The 1946 summer session for teachers of blind children at the Horace H. Rackham School of Special Education in Ypsilanti, Michigan was attended by fourteen teachers, many of them members or prospective members of the staff of the Michigan School for the Blind. Miss Florence Smith, instructor of the blind at the Michigan School for the Blind, conducted a demonstration class with six visually handicapped children, and lectured on "Methods of Teaching the Blind." Dr. Berthold Lowenfeld, director of educational research, American Foundation for the Blind, served as instructor in a course entitled "Education of the Blind."

The College of Education of the University of Washington in Seattle offered for the third summer a Training Program for Teachers of the Blind in which the American Foundation for the Blind participated by making Dr. Berthold Lowenfeld, of its staff, available as visiting instructor. Mr. George Bailey taught

OUTLOOK
FOR THE BLIND
and
THE TEACHERS FORUM
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EMILY J. KLINKHART
Circulation Manager

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"Fundamentals of Braille," and Dr. Lowenfeld, "Methods of Teaching the Blind," and "Problems of Blindness." The program offered by the University of Washington in Seattle is attracting an increasing number of teachers every year. The past summer session, which extended from July 25 to August 23, had fifteen students from various parts of the State of Washington, from Minnesota, Montana, Ohio, Oregon, and from Hawaii.

The Summer Course for Workers with the Adult Blind, sponsored by the American Foundation for the Blind in co-operation with the University of Michigan and Michigan State Normal College, was held again this year in Ypsilanti, Michigan, from June 17 to July 26.

The twenty-seven students who attended included three from Brazil, one from Canada, and one from Hawaii, as well as representatives of ten states. Courses included social work, educational psychology, causes of blindness, history of work with the blind, and a braille "workshop." A class in Arts and Crafts, offered for the first time this year, afforded the students an opportunity to develop skills in plastics, weaving, basketry, and clay modelling, according to their individual taste.

Both Michigan State Normal College and the townspeople of Ypsilanti showed warmest cordiality toward the students. Forty-seven volunteers generously gave their time as readers, and were helpful to the group in various ways.

Social events included the college garden party, two theater parties, and a reception given by the student group to honor the volunteers, the faculty, and the college staff. A highlight among the diversions was a picnic supper at which the students were guests of the Ypsilanti Lions Club.

Plans are already in the making for the 1947 summer session to be conducted under the same auspices as this year.

CHANGES IN *DIRECTORY OF ACTIVITIES FOR THE BLIND*

Page 1. Library of Congress; Xenophon P. Smith's department is now called the Division of Books for the Adult Blind.

Page 30. Florida Council for the Blind; address changed from 616 Wallace S. Building, Tampa 2, to 918 Tampa Street, Tampa 2, Florida.

Page 40. Association for the Conquest of Blindness; Mrs. Eleanor A. Wilson's title is now director. Carl Smith is no longer with the agency.

Page 50. Massachusetts Association for Promoting the Interests of the Adult Blind; Muriel Court Staffeld, executive director.

Page 67. Albany Association for the Blind; Frank L. Frost is deceased.

Page 71. The New York Association for the Blind; Eli Whitney Debevoise, president.

Page 79. Ohio Commission for the Blind; William E. Bartram has resumed his position as executive secretary.

Page 82. Oregon Commission for the Blind and Blind Trade School; Carl E. Smith is now superintendent of the Trade School.

Page 85. The Pennsylvania Association for the Blind, Philadelphia Branch; address changed from 126 S. 19 Street, Philadelphia 3, to 110 S. 18 Street, Philadelphia 3.

Page 25. The United Workers for the Blind of Colorado; address changed to 1513 Arapahoe Street, Denver 2, Colorado.

Page 101. Washington State School for the Blind; Mrs. Marion Grew, succeeding Mrs. Jeanne E. Chapman.

NOTES FROM THE FOUNDATION LIBRARY

The items mentioned on this page may be borrowed without charge from the Reference Lending Library of the American Foundation for the Blind

"Techniques Used in Teaching Machine-Shop Operations to the Blind," by Robert S. Hunter, is found in *Industrial Arts and Vocational Education*, for April, May, and June, 1946. Part 1 describes some of the teaching techniques used in training blind students in lathe operation; Part 2 presents a thorough-going shop performance testing program; Part 3 describes a practical aptitude test for blind candidates for machine-shop work.

"Work Adjustment in Rehabilitation," by Lynn G. Kellogg, is found in *Journal of Rehabilitation* for June, 1946. "The task of work adjustment requires the utilization of all resources, and the combined efforts of both private and public agencies."

"The Illinois Program for Educating Handicapped Children in the Public Schools," by Mary Zahrobsky, appears in the *Social Service Review* for June, 1946. This review of the legislative history of special educational services for handicapped children in the public schools of Illinois shows the gains that have been made in this field in the past fifty years. Instead of having four different laws on the subject, there is at present a single law covering all types of exceptional children.

"A Woman Who Sees With Her Heart," by Nelson Valjean, in *Coronet* for August, 1946, tells the story of Mrs. Elena Zelayeta, a blind woman who is a famous cook and has published a popular cook book. She is also teaching cooking at the San Francisco Center for the Blind.

"Garden Tools to Aid Blind," is found in *Science News Letter* for August 10, 1946. It describes specially designed tools which help the blind to have gardens of their own. It tells of wire guides so arranged as to keep weeders a safe distance from the plants, and of a rod which keeps the hoe from digging too deep.

Blind Adventure, by Monroe Fox, published by Lippincott Company, is the story of a young man who lost his sight in World War II. He is now making a good living on a ranch in New Mexico.

"Tools for Workmen Who Cannot See," by Gold V. Sanders, appears in *Popular Science* for September, 1946. This article describes several newly invented devices that promise a brighter future for ambitious, mechanically-minded blind persons. Among them is a braille analyzer with which a blind radio serviceman employs his senses of touch and hearing to measure electrical quantities.

Two stories of fiction which feature blind characters have been published recently. They are, "Shadow on the Heart," by Win Brooks, in the *Saturday Evening Post* for July 13, 1946, and "The Leopard," by Robert Richards, which appeared in *Collier's Magazine* for August 10, 1946.

HELGA LENDE

BULLETIN BOARD

Brooklyn: Industrial Home for the Blind—H. Walter Gilbert, vice-president of the Industrial Home for the Blind, recently presented the Home with a station wagon designed to put an end to the slow and uncertain transportation of blind men by taxi and bus to and from doctors' offices and hospitals, and between factory buildings and the Home. The gift was accepted on behalf of the Home by Louis C. Wills, president of the organization.

D.C. Association of Workers for the Blind—The D.C. Association has just announced that Miss Cora A. Fitton has been awarded the Certificate of Recognition for twenty years of continuous service as home teacher in the District of Columbia. It was Miss Fitton who initiated home teaching in Washington; and through her persistent and devoted labors the need for home teaching was recognized and other appointments were made in this field.

Massachusetts Division of the Blind (Boston)—Two blind World War II veterans are now enrolled in the training program at the Minneapolis Society. One, Donald Kitzman, has already completed the social adjustment and prevocational course, and is now taking specialized training in retail selling; the other, Edward Goodman, who enrolled more recently, is engaged at present in studying typing, braille, and other social adjustment courses. Harold Carey has joined the staff of the Society to serve as home visitor and assistant recreation leader. He previously served on the faculty of the Minnesota Braille and Sight Saving School, and for a time was counselor in the Rehabilitation Division for the Blind in the State of Minnesota.

The New York Institute for the Education of the Blind—A nursery school for blind babies was opened in September at the New York Institute for the Education of the Blind, the Bronx, New York City. The blind babies will be under the supervision of a specially trained staff and will be accepted without charge and without distinction as to nationality, race, or religion. They will be cared for on a daily or resident basis, depending upon conditions in their respective homes.

FORM OF BEQUEST

I give and bequeath to
AMERICAN FOUNDATION FOR THE BLIND, INC.
(a nonprofit corporation)
15 West 16 Street, New York 11, N. Y.
a corporation incorporated under the laws of the State of Delaware
the sum of.....Dollars
for the general purposes and uses of said corporation.